

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08264

Reg. Dist. No. 265

### 1. PLACE OF DEATH:

County Baltimore

City or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Before

Hospital, institution, or street address where death occurred:  
MC Crisfield Memorial Hosp

How long in hospital or institution? 2 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Baltimore

City or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)

Street No. None  
(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

Francis M. Byrd

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

### 6.(b) Name of husband or wife

Mary A

7. Birth date of deceased (mo., day, yr.) January 29, 1869

6.(c) If alive, give age 68 years

8. AGE: Years 48 Months 7 Days 25 If less than one day hrs. min.

9. Birthplace Crisfield, MD  
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seag

12. Name Francis M. Byrd

13. Birthplace MD

14. Maiden name Mrs. J. Sterling

15. Birthplace MD

18. Informant Mary A. Byrd

Address Crisfield, MD

17. Burial Date thereof Sept 25/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crisfield

Location Crisfield

18. Funeral director Hubbard & Bowen, Inc

Address 306 Main St. Crisfield MD

19. Sept 26 19 47 Janice E. Spier  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 23, 1947 at 12:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 19 19 47 to Sept 23 19 47

and that I last saw him alive on Sept 22 19 47

Immediate cause of death

Carcinoma of Intestine

DURATION

?

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

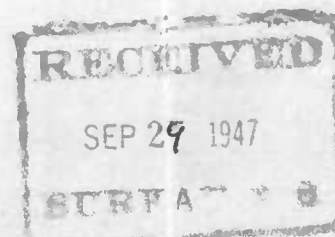
23. SIGNATURE S. M. Peyton M.D M. D. or other

Address Crisfield, MD Date signed Sept 25

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct case is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93e

08265

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County..... **Somerset**  
 City or town..... **Crisfield**  
 (If outside city or town limits, write RURAL and give nearest town)  
**Lifetime**  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
**Died at home**  
 How long in hospital or institution? **|||||||**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Somerset**  
 City or town..... **Crisfield**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **379 Chesapeake Ave**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... **World War I**

## 3. (a) FULL NAME

**Robert Lewis Daugherty**

## 3. (b) Social Security Number

**217-10-3537**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, married, widowed, or divorced..... **Married**

6. (b) Name of husband or wife..... **Louise Bradford**

7. Birth date of deceased (mo., day, yr.)..... **March 17, 1888** 6. (c) If alive, give age..... **47** years

8. AGE: Years..... **59** Months..... **6** Days..... **0** If less than one day..... hrs. .... min.

9. Birthplace..... **Crisfield-Somerset-Md.**  
(Town, county, and state)10. Usual occupation..... **Government Service**11. Industry or business..... **Railroad**12. Name..... **Thomas I. Daugherty**13. Birthplace..... **Crisfield, Md.**14. Maiden name..... **Mary Dize**15. Birthplace..... **Crisfield, Md.**16. Informant..... **Mrs. Louise Daugherty**Address..... **Crisfield, Md.**17. Burial Date thereof..... **Sept 21, 1947**

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... **Crisfield Cemetery**Location..... **American Legion Lot**18. Funeral director..... **Gordon Lawton**Address..... **Crisfield, Md.**19. **9/30** 19. **47** **Janice E. Spino**

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **Sept 17** 19. **47** at **9 PM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him..... **Went dead when I was**Immediate cause of death..... **Coronary**DURATION..... **occlusion**Due to..... **Myocarditis**Due to..... **Dropped dead**Other conditions..... **William H. Coulbourn, M. D.**

(Include pregnancy within 10 days of death)

Major findings of operations..... **FOR SOMERSET COUNTY, MD.**Autopsy results..... **no**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... **W. H. Coulbourn**Address..... **Crisfield Md** Date signed..... **9/18/47**

RECEIVED

OCT 2 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

08266

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset County.  
 City or town Crisfield Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 yrs.  
 Hospital, institution, or street address where death occurred:  
Home.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Somerset  
 City or town Marion Station Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sarah Jane Dennis

## 3. (b) Social Security Number

4. Sex Female. 5. Color or race Colored. 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife John Schofield  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) not known 1875  
 8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Somerset County.  
 (Town, county, and state)  
 10. Usual occupation None  
 11. Industry or business \_\_\_\_\_  
 12. Name Single Dennis  
 13. Birthplace Somerset County.  
 14. Maiden name Sarah Jane Dennis  
 15. Birthplace Somerset County.

16. Informant \_\_\_\_\_  
 Address Marion Station.  
 17. Burial Date thereof Sept 21 1947  
 (Burial, cremation, or removal, Which?) (Month) (day) (year)  
 Cemetery or crematory Buried  
 Location Marion, Md.  
 18. Funeral director George H. Reichen  
 Address Marion Sta. Md.  
 19. Sept 21 1947 Anna J. Nelson  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 19 47, at 5 A. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1, 19 47, to Sept. 19, 19 47, and that I last saw him alive on Sept 19 19 47  
 Immediate cause of death  
acute cardiac failure 1 hr.  
dilatation of heart.  
 Due to metastatic malignancy 3  
malignancy of right 1 1/2 yrs.  
breast, type unknown  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations No operation.  
 Date of op. \_\_\_\_\_  
 Autopsy results none  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide no Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE C. H. Rawley M.D.  
Crisfield, Md. M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 9-19-47

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SEP 23 1947  
BUREAU OF

RECEIVED  
SEP 23 1947  
BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

08267

## CERTIFICATE OF DEATH

Reg. Dist. No.

266

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... Ewell  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
 Home, Ewell  
 How long in hospital or institution? Died at Home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset  
 City or town... Rural, Ewell  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... None  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Willis J. Evans

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Myrtle Evans  
 6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 27, 1892

8. AGE: Years 55 Months 3 Days 6 If less than one day hrs. min.

9. Birthplace... Smith Island-Somerset-Md.  
 (Town, county, and state)

10. Usual occupation... Waterman

11. Industry or business... Seafood

FATHER 12. Name James Evans

13. Birthplace Smith Island, Md.

MOTHER 14. Maiden name Emily Ann Bradshaw

15. Birthplace Smith Island, Md.

16. Informant Mrs. Myrtle Evans

Address Ewell, Md.

17. Burial, cremation, or removal, Which? Date thereof Sept. 7, 1947  
 (month) (day) (year)

Cemetery or crematory Ewell Cemetery

Location Ewell, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. Date rec'd by registrar Sept 7, 1947

Signature of registrar Carrie Kitching

Address Ewell, Md.

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1947 at 8:00P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11, 1947, to Sept. 3, 1947, and that I last saw him alive on Sept. 3, 1947.

Immediate cause of death Coronary Thrombosis DURATION one hr.

due to arteriosclerotic heart disease Unknown

Due to heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. G. Chambers M.D.

Address Ewell, Md.

Date signed 9/5/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08268

170C

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 hours  
 Hospital, institution, or street address where death occurred:  
McCready Memorial Hospital  
 How long in hospital or institution? 9 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Rural, Marion  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. //////  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ////////

## 3. (a) FULL NAME

Janet Laura Green

## 3. (b) Social Security Number

////////

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>	
6.(b) Name of husband or wife <u>////////</u>			
7. Birth date of deceased (mo., day, yr.) <u>June 7, 1937</u>			
8. AGE:	Years <u>10</u>	Months <u>3</u>	Days <u>25</u> .....hrs. ....min.
9. Birthplace <u>Kingston-Somerset-Md.</u> (Town, county, and state)			
10. Usual occupation <u>Student</u>			
11. Industry or business <u>//////</u>			
MOTHER	12. Name <u>Shadreck Green</u>		
	13. Birthplace <u>North Carolina</u>		
	14. Maiden name <u>Nora Foster</u>		
FATHER	15. Birthplace <u>North Carolina</u>		
	16. Informant <u>Mrs. Nora Green</u> Address <u>Marion, Md.</u>		
17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof <u>Oct 3, 1947</u> (month) (day) (year) <u>Rehobeth Cemetery</u> Cemetery or crematory <u>RFD, Marion, Md.</u> Location <u>H. Harvey Bradshaw</u> 18. Funeral director <u>Crisfield, Md.</u> Address			
19. <u>Oct. 2</u> 19 <u>47</u> <u>Janice E Spined</u> (Date rec'd by registrar) Registrar			

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 - 1947 at 1045 P

21. CERTIFY that death occurred on the date above stated: that it followed directly from  
Accidental Death.  
 and that I last saw him alive on  
 Immediate cause of death Hit by automobile  
Fractured skull & fractured  
inferior maxilla -  
General convulsions  
& shock

Other conditions William H. Coulbourn, M.D.  
 (Include pregnancy within 3 months of death)  
 Major findings of operations DEPUTY MEDICAL EXAMINER  
FOR SOMERSET COUNTY, MD.  
 Autopsy results no  
 PHYSICIAN: Please underline the cause to which death should be attributed

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 9/30/47  
 Where did injury occur? main st. Som (City or town) nd. (State) 10/29/47  
 Injured at home, farm, industry, public place (where?) Public  
 Means of injury Hit by auto. Injured at work?  
W. H. Coulbourn  
 23. SIGNATURE Crisfield Md. 10/2/47  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

RECEIVED

OCT 4 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

08269

261

## 1. PLACE OF DEATH:

County SomersetCity or town Marion Sta. Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

57

How long in hospital or institution?

~~Days~~

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County SomersetCity or town Marion  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.D. 2 Rt 63

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Denard Johnson

## 3. (b) Social Security Number

217-03-1058

## 4. Sex

Male

## 5. Color or race

Col

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Julia Johnson

## 7. Birth date of

deceased (mo., day, yr.)

Mar 15, 1890

6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

57612

hrs.

min.

## 9. Birthplace

Marion Somerset Co Md  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

FATHER

## 12. Name

George D Johnson

## 13. Birthplace

Marion Somerset Co Md

MOTHER

## 14. Maiden name

Elizabeth Peter

## 15. Birthplace

Marion Somerset Co, Md

## 16. Informant

Ruth Johnson

## Address

Marion Somerset Co Md

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 11 1947  
(month) (day) (year)

## Cemetery or crematory

Wesley

## Location

Marion Sta Md

## 18. Funeral director

Chas H Ward

## Address

Marion

## 19.

(Date rec'd by registrar)

19

10/1/47 R. J. Johnson Md  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Sept 27 1947 at a

## 21. CERTIFY that death occurred on the date above stated; that I attended deceased from

He was found deadand that I saw Body - Died duringImmediate cause of death night 1:30 amdead several hourswhen I saw himDied Organic HeartCoronary sclerosis

## Other conditions

William H. Conbourn, M.D.

(Include pregnancy within 1 month of death)

## Major findings of operations

FOR SOMERSET COUNTY

## Autopsy results

no

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

## 23. SIGNATURE

Wm H Conbourn MD

Address

Crisfield MdSept 29/47

RECEIVED

OCT 3 1947

BURBANK

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08270

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Sonoma  
 City or town Purvis Arre, R.S. 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 81 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Ind County Sonoma  
 City or town Purvis Arre, Md. R.S. 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ✓  
 (If rural, give LOCATION)  
 2.(d) If veteran, name war

## 3. (a) FULL NAME

Lee Parker

## 3. (b) Social Security Number

✓

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower  
 6.(b) Name of husband or wife Ellen Kullip's Parker  
 6.(c) If alive, give age ✓ years  
 7. Birth date of deceased (mo., day, yr.) Sept 5, 1866.

8. AGE: Years 81 Months 04 Days 24 If less than one day  
 hrs. min.

9. Birthplace Sonoma Co., Md.  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business ✓

12. Name Levi C. Parker

13. Birthplace Sonoma Co., Md.

14. Maiden name Letitia Hayman

15. Birthplace Sonoma Co., Md.

16. Informant Walter C. Parker

Address Purvis Arre, Md. R.S. 1

17. Burial Date thereof 11/1/47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Allen Church

Location Allen, Md.

18. Funeral director De Hall & Johnson Co.

Address Salisbury, Md.

19. 10/2 47 R.E. Johnson, R.S. 1  
 (Date rec'd by registrar) (month) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29, 1947, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 Sept 1947 to 9.26 1947

and that I last saw him alive on 9.26 1947

Immediate cause of death Carcinoma of thyroid DURATION 6-12 months

Due to

Due to

Other conditions Benign adenocarcinoma

(Include pregnancy within 8 months of death)

Major findings of operations Biopsy carcinoma of thyroid

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Brille M. D. or other

Address 504 N. Division St Date signed 9.30.47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 3 1947

BUREAU : 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08271

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3.(a) FULL NAME

Issac Purnell

## 3.(b) Social Security Number

4. Sex M. 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Hester Purnell

7. Birth date of deceased (mo., day, yr.) July 28, 1884 6.(c) If alive, give age..... years

8. AGE: Years 63 Months 0 Days 0 If less than one day  
 .... hrs. .... min.

9. Birthplace Berlin, Worcester, Md.  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name Hester Purnell

13. Birthplace Berlin, Md.

MOTHER 14. Maiden name Unknown

15. Birthplace.....

16. Informant Lydia Henrius

Address Princess Anne, Md.

17. Burial Date thereof Oct. 2 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Branch

Location Marion Sta., Md.

18. Funeral director Charles H. Ward

Address Marion Sta., Md.

19. 10/15 47 R. J. Johnson, Md.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29<sup>th</sup> 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1942 to Sept. 29<sup>th</sup> 1947  
 and that I last saw him alive on Sept. 27<sup>th</sup> 1947

Immediate cause of death.....

Chronic myocarditis DURATION 5 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

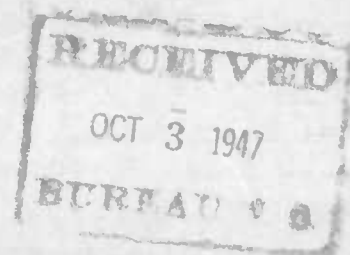
Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE Elmer G. Mason M. D. or other

Address Princess Anne, Md. Date signed 10.7.47







## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

08272

## CERTIFICATE OF DEATH

Reg. Dist. No.

260

## 1. PLACE OF DEATH:

County.....*Summit*City or town.....*Danvers*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State.....*Md.* County.....*Summit*City or town.....*Danvers*  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*Archie Shover*

## 3. (b) Social Security Number

## 4. Sex

*Male*

## 5. Color or race

*White*

## 6. (a) Single, married, widowed, or divorced

*Separated*

## 6. (b) Name of husband or wife

*Minnie Shover*

## 7. Birth date of deceased (mo., day, yr.)

*May 2 - 1887*

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

*60**4**16*

..... hrs.

min.

## 9. Birthplace

*Danvers, Md.*

(Town, county, and state)

## 10. Usual occupation

*Farm & Waterman*

## 11. Industry or business

## FATHER

## 12. Name

*William Shover*

## 13. Birthplace

*Danvers, Md.*

## MOTHER

## 14. Maiden name

*Margaret Carey*

## 15. Birthplace

*Danvers, Md.*

## 16. Informant

*Mrs. Thelma Bonciney*

## Address

*205 E. Vine St. Salisbury, Md.*

## 17.

*Burial*  
(Burial, cremation, or removal. Which?)

## Date thereof

*Sept. 21-47*  
(month) (day) (year)

## Cemetery or crematory

*Chase Am.*

## Location

*Chase, Maryland*

## 18. Funeral director

*William & C. Walter R. Hill*

## Address

*Salisbury, Maryland*

## 19.

*9/20/47*  
(Date rec'd by registrar)

## By

*R. Johnson, M.D.*  
92 Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

*Sept. 18 - 47 11:50 PM*

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to ..... 19.....

## and that I last saw h..... alive on

..... 19.....

## Immediate cause of death

*Arteriosclerosis*

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 9 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. \*VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

*William & C. Walter R. Hill*

M. D. or other

## Address

*Salisbury, Md.*Date signed *9/20-47*

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 23 1947

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

08273

## 1. PLACE OF DEATH:

County..... **Somerset**  
 City or town..... **Crisfield RFD**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... **life**  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... **Md.** County..... **Somerset**  
 City or town..... **Crisfield**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **RFD**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... **none**

## 3. (a) FULL NAME

**John A. Sterling**

## 3. (b) Social Security Number

**214-18-4540**

4. Sex..... **male** 5. Color or race..... **white** 6.(a) Single, married, widowed, or divorced..... **married**

6.(b) Name of husband or wife..... **Melisia C.**7. Birth date of deceased (mo., day, yr.)..... **Mar. 10, 1869**6.(c) If alive, give age..... **74** years

8. AGE: Years..... **78** Months..... **5** Days..... **24** If less than one day..... hrs. .... min.

9. Birthplace..... **Crisfield, Md.**  
(Town, county, and state)10. Usual occupation..... **Waterman**11. Industry or business..... **self**

FATHER 12. Name..... **Elijah J. Sterling**  
 13. Birthplace..... **Crisfield, Md.**

MOTHER 14. Maiden name..... **Mary McDaniel**  
 15. Birthplace..... **Crisfield, Md.**

16. Informant..... **Herman Sterling**  
 Address..... **Crisfield, Md.**

17. Burial..... Date thereof..... **Sept. 7/47**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... **Asbury**  
 Location..... **Crisfield, Md.**  
**Hubbard & Covington**

18. Funeral director.....  
 Address..... **306 Main St., Crisfield, Md.**

19. **Sept. 13** 19 **47**..... **Janice E. Spina**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **Sept. 3,** 19 **47** at..... M

21. I CERTIFY that death occurred on the date above stated that I attended deceased from  
**was dead when I was called.**  
 and that I last saw deceased..... 19.....

Immediate cause of death.....  
**Emphysema**  
**Arterio Sclerosis**  
 Due to.....  
 Due to.....  
 Other conditions.....

## DURATION

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statutorily.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of occurrence.....  
 Where did injury occur?.....  
 (City) (County) (State)

Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE.....  
**William H. Coulbourn, M.D.**  
**DEPUTY MEDICAL EXAMINER**  
**FOR SOMERSET COUNTY, MD.**  
**Crisfield Md Sept 7/47**  
 Address.....

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SEP 15 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08274

Reg. Dist. No. 265

1. PLACE OF DEATH:  
County... Somerset  
City or town... Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Lifetime  
Hospital, institution, or street address where death occurred:  
Upper Main St.  
How long in hospital or institution? Died on street

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Somerset  
City or town... Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... Paper Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war...

3. (a) FULL NAME  
John Henry Tull

3. (b) Social Security Number  
216-12-1020A

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Rosie Robinson

7. Birth date of deceased (mo., day, yr.) July 4, 1871 6. (c) If alive, give age... years

8. AGE: Years 76 Months 2 Days 13 If less than one day hrs. min.

9. Birthplace... Crisfield-Somerset-Md.  
(Town, county, and state)

10. Usual occupation... Seafood Laborer

11. Industry or business Seafood

12. Name John Tull

13. Birthplace Crisfield, Md.

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Sophronia Collins

Address Crisfield, Md.

17. Burial Date thereof Sept 19, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Lawsonia Cemetery

Location Crisfield, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. 9/30 19 47 Janice E. Spies  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 19 47 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from...  
and that I last saw him... alive...  
Immediate cause of death Myocarditis DURATION

Due to Coronary Thrombosis

Due to died suddenly

Other conditions William H. Coulbourn, M.D.

DEPUTY MEDICAL EXAMINER

(Include present condition) FOR SOMERSET COUNTY, MD.

Major findings of operations... Date of op...

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Crisfield Md Date 9/18/47

MARGIN RESERVED FOR BINDING

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9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 2 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

### 1. PLACE OF DEATH:

County Lomont  
City or town Heston  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:  
R.O. #2

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Lomont  
City or town Heston  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. R.O. #2  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

James Daniel West

### 3. (b) Social Security Number

#### 4. Sex

Male

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Married

#### 6. (b) Name of husband or wife

Montgomery Phyllis West

7. Birth date of deceased (mo., day, yr.) Sept. 26 - 1880

8. AGE: Years 66 Months 11 Days 29 If less than one day  
hrs. min.

9. Birthplace Proctor Co. Md.  
(Town, county, and state)

10. Usual occupation Lumberman

#### 11. Industry or business

William West

12. Name Proctor Co. Md.

13. Birthplace Proctor Co. Md.

14. Maiden name Priscilla Smith

15. Birthplace Proctor Co. Md.

16. Informant Mr. Montgomery P. West

Address R.O. #2 Heston Md.

17. Burial Date thereof Sept. 27 - 47  
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Parson Ave.

Location Salisbury Md.

18. Funeral Director Thos. Gray & Co. Walter R. Johnson

Address Salisbury Md.

19. 9/26/47 R. E. Johnson  
(Date rec'd by registrar) (Signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 - 47 47-5159

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
19... to 19...  
and that I last saw him... alive on 19...

Immediate cause of death Cancer  
Primary site unknown

Due to 10/23/47 & S.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE J. J. Smith

Address Princess Anne Md.

Date signed 9/26/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In setting age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 27 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08276

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset  
 City or town Griffith  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 73 years  
 Hospital, institution, or street address where death occurred:  
203 N. Fourth St.  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Griffith  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 203 N. Fourth St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war —

## 3. (a) FULL NAME

Charles P. Wicks

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Maggie Collins  
 7. Birth date of deceased (mo., day, yr.) Sept 18, 1862 6. (c) If alive, give age — years  
 8. AGE: Years 85 Months 0 Days 0 If less than one day — hrs. — min.  
 9. Birthplace Pocomoke - Worcester - Md  
 (Town, county, and state)  
 10. Usual occupation Barber  
 11. Industry or business —

12. Name John Wicks  
 13. Birthplace Brown Hill, Md  
 14. Maiden name Sarah Anderson  
 15. Birthplace Fruitland, Md  
 16. Informant Walter Wicks  
 Address Griffith, Md  
 17. (Burial, cremation, or removal. Which?) Burial Date thereof Sept 23-1947  
 (month) (day) (year)  
 Cemetery or crematory Lawsonia Cemetery  
 Location Lawsonia, Griffith, Md  
 18. Funeral director H. Harvey Branson  
 Address Griffith, Md  
 19. Sept 25-47 One J. N. Sloan  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18, 1947 at 12:40 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16, 1947 to Sept 19, 1947  
 and that I last saw him alive on Sept 17, 1947  
 Immediate cause of death Acute Dec 2 Heart  
 Due to Coronary Arteriosclerosis  
 Due to General Arteriosclerosis  
Chronic myocarditis  
 Other conditions —

## DURATION

4.5 hrs.

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide — Date of —  
 Where did injury occur? — (City or town) — (County) — (State)  
 Injured at home, farm, industry, public place (where?) —  
 Means of injury — Injured at work? —

23. SIGNATURE Surgeon C. Sullivan M.D.  
 Address Murphy St. Md Date signed Sept 22, 47

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SEP 27 1961

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